

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N43919**

1. Entity Name

**SONS OF ITALY, MARION COUNTY, LODGE NUMBER 2648,****FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90065 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**560 SILVER COURSE LOOP  
OCALA FL 34472  
US****560 SILVER COURSE LOOP  
OCALA FL 34472  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3073857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAGOSTA, DOMINICK  
560 SILVER COURSE LOOP  
OCALA FL 34472**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **RAGUSTA, DOMINICK**  
STREET ADDRESS **560 SILVER COURSE LOOP**  
CITY-ST-ZIP **OCALA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **PLACANICO, GIORGIO**  
STREET ADDRESS **1500 SE 189TH AVENUE**  
CITY-ST-ZIP **SILVER SPRINGS FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3917 NE 22nd ST**  
CITY-ST-ZIP **OCALA FL 34470**TITLE **D** ☐ Delete  
NAME **DE CONNA, ROBERT**  
STREET ADDRESS **18 E BROADWAY ST**  
CITY-ST-ZIP **OCALA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DFS** ☐ Delete  
NAME **CABE, LORRAINE**  
STREET ADDRESS **11277 SW 62 AVE RD**  
CITY-ST-ZIP **OCALA FL 34476**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Giorgio J Placanco** 2-19-01 352-236-4177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)